Certificate of Release or Discharge from Active Duty, DD Form 214

Overview

Introduction

This section provides the procedures for completing the DD Form 214. Complete step by step instructions are located in reference COMDTINST M1900.4D Certificate of Release or Discharge form Active Duty, DD Form 214

Reference

The following references provide additional information about entitlements and regulations.

• Certificate of Release or Discharge from Active Duty, DD Form 214, COMDTINST M1900.4 (series)

Procedure

Prior to completion of the DD-214 section the Separation section must be completed. Data is obtained for completion of the DD 214 from the members SPO, Unit PDR, JUMPS, and other Official Records. Certain fields of the DD-214 are pre-filled with information currently in Direct Access. Once the DD-214 is created, additional course completion or awards must be manually added. Once Final checkbox is selected, modifications cannot be made.

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DD-214 Worksheet

Step	Action				
1	Access the DD Form 214 section from the path:				
	Access the BB Total 21 Feedball helm the path.				
	<u>Home</u> > <u>Administer Workforce</u> > <u>Administer Workforce</u> (GBL) > <u>Use</u> > DD Form 214				
2	Enter the	employee ID in the Emplid field	d or the member's SSN in the National ID field and press the		
_	Enter the employee ID in the Emplid field or the member's SSN in the National ID field and press the Search button. If you do not know the Emplid or SSN provide some search criteria, such as the member's last name and department number in the appropriate fields and perform a search.				
	See <u>Search Tips</u> for help using the employee lookup.				
			the search results, please be sure you are choosing the		
			nge data on. Verify the employee ID or national ID before		
			e one member can have multiple records if they're both a		
	Regular or Reserve Member and an Auxiliary Member or Civilian Employee, please be sure you are selecting the correct Employee Classification.				
3		DD214 Workshoot Data			
•	Locate the	DDZ14 Worksneet Data	Section and complete the following:		
		—			
	Block	Field	Description Factor (NAN)		
	1	NAME (Loot)	Pre-filled. If member has no middle name Enter 'NMN'. For members with a middle initial and no middle name,		
		(Last) (First)	enter the initial in quotation marks. Include suffix when		
		(Middle, Suffix)			
			applicable. To lookup click the 🕓 button.		
	2	DEPT, COMP & BRANCH	Pre-filled		
	3	SSN	Pre-filled this Block will not show on Printed Version.		
	4.a.	GRADE, RATE or RANK	Pre-filled		
	4.b.	PAY GRADE	Pre-filled. To lookup click the \(\textstyle \) button.		
	5.	DATE OF BIRTH	Pre-filled		
	6	RES OBL TRM	Pre-filled		
	7.a.	PLACE of ENTRY (city/st)	Pre-filled. If not pre-filled enter city, state.		
			Enlisted: Initial place where member was sworn in.		
			Officer: Place of acceptance of commission		
			Cadet: Enter the place where the "Letter of Appointment to the USCG Academy" was addressed.		
	7.b.	HOME of RECORD	Enter the place MBR originally entered AD w/o a break in		
			service. City and State fields are required. Enter <i>street</i>		
			address, if known		
	8.a.	LAST DUTY ASGN	Enter the member's last Permanent Duty assignment.		
	8.b.	STATION WHERE SEP	Enter the place of release, transfer retirement, or		
			discharge. i.e., Personnel Service Center Topeka, KS		
	9	COMMAND	For RELAD or Transferred personnel enter the District		
		TRANSFERRED	Office where member will reside as appropriate. For		
	40	001100725405	Discharge or Retired, enter "NA".		
	10	SGLI COVERAGE	Enter the exact amount of SGLI coverage member has.		
			Enter "Decline" if the member declined coverage.		

Action			
Locate	Locate the 11. Primary Specialty section and complete the following;		
Block Field Description			
11	Competency Year Acquired Last Used Description	This block pertains to OFFICERS ONLY. Officer Billet Code/Specialty. The Officer codes were not part of the Enlisted Qualification codes system. However, in PeopleSoft/ the officer and enlisted systems were merged into the competency table. The officer codes are made of a three alpha character prefix (OPS for Operations, PER for personnel, etc.) for the category and a two numeric character suffix for the specialty.	
Example OBCs:			
AVI60 Aviation - General BSF80 Boating Safety - General COM30 Comptrollership MSF40 Marine Safety - General MSF41 Commercial Vessel Safety - Gen MSF42 Port Safety/Environ Protection MSF43 Port Contingency Planning MSF44 Vessel Traffic Services MSF45 Vessel Inspection MSF46 Vessel Technical MSF47 Marine Investigation MSF48 Hazardous Material MSF49 Explosive Loading			
online listed (GBL)	The officer's assigned OBC/Specialty can be found by running the PDIF (Search for "PDIF" in the online help at http://www.uscg.mil/hg/psc/ps). The Year Acquired and Last Used dates should be sted in the officer's competency assignment page (Develop Workforce > Manage Competencies GBL) > Use > Competencies). However, this information was not migrated into PeopleSoft when he system was loaded, so it may be necessary to ask the officer for these dates.		
http://	www.uscg.mil/hq/psc	C/Specialty codes. They are listed in the Competency Dictionary at: <u>c/da/CompetencyDictionary.xls</u> . Click the drop-down in the 'TYPE' column lect "OBC" to view the codes.	

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Step	Action		
5	Locate the 12. Record of Service Section and complete the following;		
	Block	Field	Description
	12.a.	Date Entered A/D This Period	Pre-filled.
	12.b.	Separation Date This Period	Pre-filled. For personnel being retired, enter the last day of active duty in this block and enter the effective date of retirement in Block 18 (Remarks). Reservists entitled to travel time incident to separation, construct the effective date to include travel time and enter that date in this block. Enter the actual date the member was released from active duty and the number of days travel time in Block 18 (Remarks).
	12.c.	Net Active Service This Period	Enter the net active service completed during the period between the dates entered in 12a and 12b (Note: The system generated calculation does not include the inclusive date).
	12.d.	Total Prior Active Service	Enter the years, months, days of service creditable for basic pay for all active service prior to the date entered in Block 12a. This includes ALL periods of active duty training performed in any branch of the Armed forces. If active duty training is included, put an asterisk (*) and enter in Block 18 (Remarks) - *"Includes active duty training."
	12.e.	Total Prior Inactive Service	Enter the years, months, days of service creditable for basic pay for all inactive service completed prior to the date entered in Block 12a.
	12.f.	Foreign Service	Enter the years, months, days of foreign service from the date entered in Block 12.a. through the date entered in Block 12.b.
	12.g.	Sea Service	Enter the years, months, days of sea service from the date entered in Block 12.a. through the date entered in Block 12.b.
	12.h.	Effective Date of Pay Grade	Pre-filled.

Disak	Field	Description	
Block 13	Field Type	Description	
10	1,700	and Awards member has in Direct Access. T	
		lookup click the Q button.	
	Description		
	Description Issue Date	Pre-filled. Enter the date the Approving Authority (not t	
	issue Date	date it was presented) approved the honor o	
Change the	description of avverde as passages by als	award	
j. Coast Gu	ard Good Conduct Medal with 2 bronze st		
To add a De	coration or Medal, click the 井 button. T	o remove a Row, click the button.	
ocate the	4. Military Education Section and com	plete the following;	
To add Military Education, click the button. To remove a Row, click the button.			
Block	Field	Description	
4.4	Course		
14	Course	Pre-filled. To lookup click the \(\bigsilon \) button.	
14		·	
14	Course Title	Pre-filled	
14	Course Title Sesn	Pre-filled Pre-filled	
14	Course Title	Pre-filled	
15.a.	Course Title Sesn Start Date	Pre-filled Pre-filled Pre-filled Pre-filled	
	Course Title Sesn Start Date End Date	Pre-filled Pre-filled Pre-filled	
15.a.	Course Title Sesn Start Date End Date Contributed to VETERAN'S EDUCATIONAL ASST PRGM	Pre-filled Pre-filled Pre-filled Pre-filled Pre-filled Select either	
	Course Title Sesn Start Date End Date Contributed to VETERAN'S	Pre-filled Pre-filled Pre-filled Pre-filled	
15.a.	Course Title Sesn Start Date End Date Contributed to VETERAN'S EDUCATIONAL ASST PRGM HIGH SCHOOL GRADUATE or	Pre-filled Pre-filled Pre-filled Pre-filled Pre-filled Select either • Yes • No Select either • Yes • No If the member receives a lump sum leave	
15.a. 15.b.	Course Title Sesn Start Date End Date Contributed to VETERAN'S EDUCATIONAL ASST PRGM HIGH SCHOOL GRADUATE or EQUIVALENT	Pre-filled Pre-filled Pre-filled Pre-filled Pre-filled Select either • Yes • No Select either If the member receives a lump sum leave payment, enter number of days for which	
15.a. 15.b.	Course Title Sesn Start Date End Date Contributed to VETERAN'S EDUCATIONAL ASST PRGM HIGH SCHOOL GRADUATE or EQUIVALENT	Pre-filled Pre-filled Pre-filled Pre-filled Pre-filled Pre-filled Select either • Yes • No Select either If the member receives a lump sum leave payment, enter number of days for which member was paid. If no lump-sum payment is	
15.a. 15.b.	Course Title Sesn Start Date End Date Contributed to VETERAN'S EDUCATIONAL ASST PRGM HIGH SCHOOL GRADUATE or EQUIVALENT Days Accrued Leave Paid	Pre-filled Pre-filled Pre-filled Pre-filled Pre-filled Select either Yes No Select either Yes No Select either If the member receives a lump sum leave payment, enter number of days for which member was paid. If no lump-sum payment is made enter "None".	
15.a. 15.b.	Course Title Sesn Start Date End Date Contributed to VETERAN'S EDUCATIONAL ASST PRGM HIGH SCHOOL GRADUATE or EQUIVALENT Days Accrued Leave Paid Member Provided Complete Dental	Pre-filled Pre-filled Pre-filled Pre-filled Pre-filled Select either Yes No Select either Yes No Select either If the member receives a lump sum leave payment, enter number of days for which member was paid. If no lump-sum payment is made enter "None". If the member received dental treatment less	
15.a. 15.b.	Course Title Sesn Start Date End Date Contributed to VETERAN'S EDUCATIONAL ASST PRGM HIGH SCHOOL GRADUATE or EQUIVALENT Days Accrued Leave Paid	Pre-filled Pre-filled Pre-filled Pre-filled Pre-filled Select either Yes No Select either Yes No Select either If the member receives a lump sum leave payment, enter number of days for which member was paid. If no lump-sum payment i made enter "None". If the member received dental treatment less than 90 days prior to separation, check the	
15.a. 15.b.	Course Title Sesn Start Date End Date Contributed to VETERAN'S EDUCATIONAL ASST PRGM HIGH SCHOOL GRADUATE or EQUIVALENT Days Accrued Leave Paid Member Provided Complete Dental	Pre-filled Pre-filled Pre-filled Pre-filled Pre-filled Select either Yes No Select either Yes No Select either If the member receives a lump sum leave payment, enter number of days for which member was paid. If no lump-sum payment i made enter "None". If the member received dental treatment less	
15.a. 15.b.	Course Title Sesn Start Date End Date Contributed to VETERAN'S EDUCATIONAL ASST PRGM HIGH SCHOOL GRADUATE or EQUIVALENT Days Accrued Leave Paid Member Provided Complete Dental	Pre-filled Pre-filled Pre-filled Pre-filled Pre-filled Select either Yes No Select either Yes No Select either If the member receives a lump sum leave payment, enter number of days for which member was paid. If no lump-sum payment is made enter "None". If the member received dental treatment less than 90 days prior to separation, check the	

Step					
8	Block Field		Description		
	18	REMARKS	Entries in this block consist of information not shown elsewhere on this form.		
	19.a.	MAILING ADDRESS AFTER SEPARATION	Pre-filled. Otherwise enter members Mailing Address after Separation		
		Address City/State/Zip			
	19.b.	NEAREST RELATIVE	Enter Name and complete address of member's nearest relative. This will be used		
		Last Name	as a supplementary mailing address if		
		First Name	necessary.		
		City/State/Zip			
	20	Send Copy 6 to:	If the member desires that copy (6) be forwarded to the State Director of Veterans' Affairs select the "Yes" block and enter the		
		Dir. Of Veteran Affairs	State Abbreviation. To lookup click the button. If the member does not desire a copy to be forwarded the State Director of Veterans' Affairs select "No".		
	21	SIGNATURE OF MEMBER	Members Name is Pre-filled. Member must sign each copy separately to ensure that they are aware of the differences of the information contained on certain copies of the DD Form 213.		
	22	OFFICIAL AUTHORIZED TO SIGN	Enter the Name, Grade, and Title of Authorizing Official. The Authorizing Official shall sign the in lnk.		
9	Locate the Special Additional Information section and complete the following				
	Block	Field	Description		
	23	TYPE of SEPARATION	Pre-filled. You can also select a type from the dropdown menu listing		
	24	CHARACTER of SERVICE	Select from the dropdown menu listing as appropriate and consistent with the reason and authority for separation, unless otherwise directed by CGPC		
	25	SEPARATION AUTHORITY	Pre-filled. Otherwise enter the appropriate separation authority associated with a particular authority and reason for separation		
	26	SEPARATION CODE	Enter the appropriate Separation Program Designator Code, or enter Code specified by CGPC.		
	27	REENTRY CODE			
	28	NARRATIVE REASON for SEPARATION	The pertinent letter of order issue authority will specify entries to be made in this block.		

Step	Action			
10	Locate the Dates of Time Lost During This Period section and completed the following;			
	Block	Field	Description	
	29	Dates of Time Lost During This Period MEMBER REQUEST CORY 4	Enter the inclusive dates for all periods of time lost during the time between Blocks 12.a. and 12.b. Includes periods of unauthorized absence (UA), sickness due to misconduct (SKMC), confinement (CONF), and non-performance of duty due to civil arrest (NPDI CIVIL). IF NONE LEAVE BLANK To add additional rows click button. To remove rows click the button	
11	OR	mail DD214 button to receive workshows, then click the Email DD2-		